


REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER													
As per Merchant Shipping (Medical Examination) Rules 2000, STCW conv 1978 (code 1/9), ILO 147 & MLC Convention 2006 as amended													
DR. ANUJ KUMAR PATHAK, M.B.B.S, M.D.										Reg. No: 41898(Bihar)			
Residence - cum-Clinic: Flat no. C-3, Maa Kali SBI Tower, Harihar Singh Road, Bariatu, Ranchi (834009), Jharkhand										DGS Approval No. BHR/PTN/04/2015			
Mobile no: 09608685869, 09470524923 Email: anuj.mgm@gmail.com drpathakanuj@gmail.com													
Name: KUMAR JALDHAR		Sex: MALE		Serial No: 038/XVII		Date of Birth: 22/02/1985		INDOs: 05GL1148		Rank: 3rd ENGINEER			
Vessel: PURJO PADIL MAREHA KESA		Type: P.P./CDC AADHAAR		Route: P.O. L.S. BERO, RANCHI. 835204, JHARKHAND									
Company/Institute name NAUTILUS SHIPPING													
Medical History Please answer the following to the best of your knowledge													
Is there any past/present history of any of the following		Candidate Declaration		Examiner Record		M.I. TIL ON THE NECK		Candidate Declaration		Examiner Record			
		Yes No		Yes No				Yes No		Yes No			
Severe one sided headaches (Migraine)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Hernia / Hydrocele / Appendicitis		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Head injury / Concussion / Loss of memory		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		High / Low blood pressure / Heart disease		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Fits / Epilepsy / Dizziness / Fainting		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Asthma / Bronchitis / Tuberculosis		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Eyes / Vision Problems (Glasses, etc.)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Allergy / Skin disease		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Hearing Impairment		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Infection / Contagious disease		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Ear / Nose / Throat problems		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Addiction to alcohol / drugs / tobacco		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Stomach / Bowel disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Fracture / Dislocation / Injury / Amputation		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Gall stone / Kidney disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Major / Minor Operation		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Jaundice / Liver disease		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Diabetes		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Piles / Varicose vein		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Nervous / Mental disease / Sleep disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Blood disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Malignant disease (Cancer)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Female disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		Signed off on medical grounds / Declared Unfit		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Notes													
Medical Examination													
Height (cms.)	Weight in Kgs	Chest Insp-Exp (cm.)	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
168	70	94-87	124/80	72	16	FAIR							
Dist. Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	10	10	15	-	20	-	-	20
Left Eye	6/6		Abnormal	Left Ear	dB	10	15	15	-	20	-	-	15
Colour Vision	Jefihara		Normal	Abnormal	Hearing	Right ear				Left Ear			
	Other		Normal	Abnormal		NORMAL				NORMAL			
Systemic Examination		Normal	Abnormal	NOTES				Normal		Abnormal			
Head & Neck		<input checked="" type="checkbox"/>		FIT FOR SEA SERVICE AS 3rd ENGINEER AS PER MLC 2006				Respiratory System		<input checked="" type="checkbox"/>			
Eyes		<input checked="" type="checkbox"/>						Cardiovascular System		<input checked="" type="checkbox"/>			
Ears / Nose / Throat		<input checked="" type="checkbox"/>						Per Abdomen		<input checked="" type="checkbox"/>			
Teeth / Oral Cavity		<input checked="" type="checkbox"/>						Genito-urinary System		<input checked="" type="checkbox"/>			
Musculo- Skeletal System		<input checked="" type="checkbox"/>						Others		<input checked="" type="checkbox"/>			
Nervous System		<input checked="" type="checkbox"/>						Hernia / Hydrocele		<input checked="" type="checkbox"/>			
Reflexes		<input checked="" type="checkbox"/>						Varicose vein		<input checked="" type="checkbox"/>			
Skin		<input checked="" type="checkbox"/>		Fissure / Fistula / Piles		<input checked="" type="checkbox"/>							
Investigations													
Blood	Result	Normal	Urine	ECG:									
Hemoglobin	15.2 gm%	14-16gm%	Colour	STRAW									
Total WBC count	8600 /cumm	4000-11000/cumm	Sp.gravity	1.015									
Neu. 70 Lymph. 25 Eo. 03 Mo. 02 Ba. 00			pH	Acidic									
RBCC / Malarial Parasite	-	Platelets	Albumin	NIL									
ESR	- mm/1st hour	1-15 mm/hr	Sugar	NIL									
SGPT	- U/L	9-43 U/L	Bile Pigment	NIL									
SGOT	- U/L	9-43 U/L	Bile Salts	NIL									
Sr. Cholesterol	- mg/dl	145-250 mg/dl	Occult Blood	NIL									
Sr. Triglycerides	- mg/dl	25-160 mg/dl	RBC Cells	NIL									
Blood Sugar (R)	106 mg%	upto 125 mg%	Leucocytes	0-3 /Hpf									
HbsAg	Non reactive	Gamma GT	U/L	Epithelial cell	A few	TMT: - Spirometry: - Drugs of Abuse: All Negative Test for Alcohol: Negative							
HIV I & II	Non reactive	Alk. Phosp	IU/L	Stool R/E	-	X ray Chest: -							
VDRL	-	BUN/Urea	mg/dl	Stool C&S	-	USG: -							
Blood Group	AB+ve	S.Creatinine	mg/dl	Throat Swab	-								
Others	-	S.Bilirubin	mg/dl										
Result of Medical Examination:													
On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. Anuj Kumar Pathak hereby declare the examinee medically													
Fit <input checked="" type="checkbox"/> Unfit <input type="checkbox"/> Temporarily unfit <input type="checkbox"/> Permanently unfit <input type="checkbox"/> Should be re-examined in days/weeks/months													
Remarks/Recommendations: FIT FOR SEA SERVICE													
I Dr. Anuj Kumar Pathak, certify that all information required under annexure E & F of M.S. (Medical examination) Rules 2000 is incorporated in this certificate.													
This certificate is valid till 26 APR 2020													
Candidate's Signature Jaldhar Kumar Date 27 APR 2018				Dr. Anuj Kumar Pathak M.B.B.S. & MD D.G. Shipping Approved Penalist Regd. No. 41898 of Bihar				Anuj Kumar Pathak Doctor's signature					
DGS Approval No.: BHR/PTN/04/2015													